



Today's Date: _____ SOCIAL SECURITY or ALIEN NUMBER _____

NAME _____ BIRTHDATE ____/____/____ AGE _____
Last First MI

ADDRESS _____ Cell Phone (____) _____
Street Apt. # Home Phone (____) _____
City Zip Code Work Phone (____) _____

Emergency Contact Name _____ Phone # _____

Is it ok to contact you by email? _____ Would you prefer to be contacted by email? _____

EMAIL ADDRESS: _____ Do you have health insurance? Yes _____ No _____

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Please check only one)

- ☐ I am already registered to vote at my current address, or I am not eligible to register to vote and do not need an application to register to vote.
- ☐ Yes, I would like to apply to register to vote. (Please fill out the voter registration application form)
- ☐ No, I do not want to register to vote.

Yes No Please indicate Yes or No to the following questions:

___ ___ Is your partner with you today?

___ ___ Are you taking any medicines? If yes, please list _____

___ ___ Are you allergic to any medicines? If yes, please list _____

How would you identify your sexuality?

___ Straight ___ MSM ___ Gay Man ___ Lesbian ___ Bi-Sexual ___ Other

When was the last time you had sex with anyone? _____

What tobacco products do you use? _____ How often? _____

List any problems your partner (s) have now: _____

What do you do to keep from getting sexually transmitted infections (STI) or HIV? _____

For Women Only:

What was the first day of your last period? _____

Was it a normal period for you? Yes _____ No _____

Are your periods regular? Yes _____ No _____